

BUFFALO SOLDIERS MOTORCYCLE CLUB
SOUTHWEST ILLINOIS CHAPTER
EMERGENCY INFORMATION
ROAD COPY

In signing this document, I represent that I am fully knowledgeable of the dangers and hazards associated with riding motorcycles. I certify that I am duly licensed and competent to operate a motorcycle in a safe manner, and that the vehicle is in a safe operating condition. I will be riding on public highways and I am solely responsible to determine speed and the operational characteristics of my motorcycle considering the current weather conditions. I hereby release, and hold harmless, The Southwest Illinois Chapter of the National Association of Buffalo Soldiers and Troopers Motorcycle Clubs (NABSTMC), the NABSTMC, and any of its executives or members against any and all claims, causes of action, or any other liability of any kind arising from my activity of riding by motorcycle while participating in club riding events.

I certify that I have no known physical or mental impairment that may affect my safety or the safety of the group. I understand that the choice of wearing a helmet or other protective gear is solely my own and that I am responsible for my compliance with all state laws, including those regarding helmets and speed limits.

FIRST NAME _____ MI. _____ LAST NAME _____

HOME PHONE # _____ CELL # _____

DRIVERS LICENSE # _____ STATE _____ EXPIRATION _____

MOTORCYCLE INSURANCE CARRIER _____ POLICY _____

MOTORCYCLE MAKE/YEAR _____ MODEL _____ PLATE # _____

PLEASE PROVIDE THE FOLLOWING EMERGENCY INFORMATION:

EMERGENCY CONTACT PERSON _____ RELATION _____

HOME PHONE # _____ WORK PHONE # _____

HEALTH INSURANCE CARRIER _____ POLICY # _____

DOCTOR _____ YOUR BLOOD TYPE _____

DOCTOR ADDRESS _____ PH# _____

MEDICATIONS	ALLERGIES	HEALTH CONDITIONS

SIGNATURE _____ DATE _____